

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 188
Registered No. 102

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Refugio Rio
(If child is not yet named, make supplemental report, as directed)

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ 7. Legitimate? Yes 8. Date of birth Nov 25, 1930
(Month, day, year)

9. Full name of FATHER Santiago Rio

10. Residence (usual place of abode) Hayden
(If nonresident, give place and State)

11. Color of Dark 12. Age at last birthday 28 (Years)

13. Birthplace (city or State or country) Guatemala

14. Trade, profession, or particular kind of work done, as shoemaker, sawyer, bookkeeper, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Oppenheimer

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name of MOTHER Luigile Duarte

19. Residence (usual place of abode) Hayden
(If nonresident, give place and State)

20. Color of Dark 21. Age at last birthday 70 (Years)

22. Birthplace (city or State or country) Guatemala

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 8:00 a.m. on the date above stated
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles R. Ruppert, M.D.

Given name added from a supplemental report _____ (Date of) _____

or _____, Midwife

Address Hayden Arizona
Filed Nov 24, 1930 W.D. Ruppert
Registrar.

992-1128-145